

Home and Community Based Services Authorized Services for Incurment

| Individual's Name: | | | | | SSN: | |
|---|---------|----------|-----------------|-------|---------------|-------------------------------------|
| Waiver Case Manager: | | | | | Phone No.: | |
| Agency: | | | | | | |
| Initial Authorization _____ | | | Change _____ | | | |
| Services Used for Incurment | | | | | | |
| Start Date | Service | Provider | Provider Number | Units | Cost Per Unit | Amount applied to monthly incurment |
| | | | | | | \$ |
| | | | | | | \$ |
| | | | | | | \$ |
| | | | | | | \$ |
| Grand Total Month | | | | | | \$ |
| Time Period From (Mo./Yr.): _____ To (Mo./Yr.): _____ | | | | | | |
| Remarks: | | | | | | |
| Attach bills from providers for each service. | | | | | | |
| The grand total above will be used towards the individual's incurment. The selected services will not be payable by Medicaid during the relevant time period. | | | | | | |
| Case Manager's Signature: | | | | | Date: | |

Distribution: White-County; Yellow-Case Management Team; Pink-Consumer

HOME AND COMMUNITY BASED SERVICES

| | |
|---|--|
| Adult Day Health | Respite Care - Facility |
| Adult Residential Habilitation | Respite Care - Hourly |
| Adult Foster Home, Assisted Living Facility | |
| Case Management - Per Diem | Registered Nurse Supervision |
| Case Management-Hourly | Special Child Care for Children |
| Substance Use Disorder Counseling - Individual | Specialized Medical Equipment & Supplies |
| Substance Use Disorder Counseling - Group | Specially Trained Attendant |
| Consumer/Family Intensive Support Service | |
| Dietitian | Transportation – One Way Trip |
| | Transportation - Miles |
| Homemaker | HABILITATION |
| Homemaker Chore Service | Day Habilitation |
| Nutrition (Meals) | Habilitation Aide |
| | Prevocational Services |
| Personal Assistance Attendant | Residential Habilitation |
| Personal Assistance - Nurse Supervision | Supported Employment Services |
| Personal Emergency Response System - Purchase/Installation | Transportation |
| Personal Emergency Response System - Rental | |
| Physical Therapy | |
| Private Duty Nursing | |
| Psychosocial Consultation | |
| | Supported Living |